



CITY OF LOUISVILLE

Student Information Form

Building Blocks _____ AM _____ PM
 Stepping Stones _____ AM _____ PM
 Start Date: _____

PLEASE NOTE: Please write N/A for anything not applicable. If you do not have any local emergency contacts listed and we are unable to reach you, your child will be turned over to the local authorities. Thank you.

City of Louisville Preschool Emergency Card 2017-2018				
Child's Information				<p>Please tape a Recent Photo of Child In this square or e-mail a photo to mandyp@louisvilleco.gov</p>
First Name (please write the name you would like us to call your child and use in all learning activities)		Last Name		
Address				
Date of Birth	Gender: M / F	Eye Color		
Height	Weight	Hair Color		
Allergies, Health, or Behavioral Concerns, etc: <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:				
Primary Guardian				
First Name	Last Name	Relationship to Child	Primary Phone	Secondary Phone
Home Address <input type="checkbox"/> Same as Child's		E-Mail <input type="checkbox"/> Yes, please include me in the preschool directory!		
Employer Name		Employer Address		
Secondary Guardian				
First Name	Last Name	Relationship to Child	Primary Phone	Secondary Phone
Home Address <input type="checkbox"/> Same as Child's		E-Mail <input type="checkbox"/> Yes, please include me in the preschool directory!		
Employer Name		Employer Address		
Emergency Contact / Authorized to Pick Up #1 (local, other than parent)				
First Name	Last Name	Primary Phone	Home Address	
Emergency Contact / Authorized to Pick Up #2 (local, other than parent)				
First Name	Last Name	Primary Phone	Home Address	
Emergency Contact / Authorized to Pick Up #3 (local, other than parent)				
First Name	Last Name	Primary Phone	Home Address	
Emergency Contact / Authorized to Pick Up #4 (local, other than parent)				
First Name	Last Name	Primary Phone	Home Address	
Emergency Information				
Physician		Phone	Address	
Dentist		Phone	Address	
Hospital of Choice		Phone	Address	
Medical Insurance Co.		Phone	Group / Policy #	
I give my permission to staff to call a physician or emergency service for medical, dental or surgical care for my child should an emergency arise. I understand that all expenses incurred for the care of my child will be assumed by myself, I give staff complete authorization to speak for me and sign the necessary paperwork in order to gain medical care for my child. <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> X Guardian Signature </div> <div style="text-align: center;"> _____ Date </div> </div>			Office Use Only Well Check Expiration: Medications:	

Child's First Name	Child's Last Name	Page 2
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Are there any additional regular caregivers of your child that should be included on our e-mail newsletter list? These are people that will drop your child off at school and should be aware of preschool happenings such as special days, letter of the week- things in order for the children to come prepared to class each day.

Name: _____ Relationship: _____ E-mail: _____

Name: _____ Relationship: _____ E-mail: _____

Any doctor documented intolerance to drugs, medication, sunscreen, food or recommended special diets? ___No ___Yes, please explain: _____

Medications regularly taken at home: ___No ___Yes, please explain: _____

Medications that will need to be taken during class: *(If medications need to be taken during class, be sure to complete Medication Administration or Severe Allergy forms and read the information in the Preschool Handbook. Call Mandy Perera with any questions, 303-335-4902).* ___No ___Yes, please explain: _____

Any previous illness, injury, medical conditions or behavioral issues that we need to be aware of? ___No ___Yes, please explain: _____

Please **INITIAL** the following categories to indicate that you have read and fully understand each item. All items must be agreed upon to be enrolled in the program:

Initials

_____ I have read the Preschool Handbook and have been given an opportunity to ask any questions. I understand and agree to comply with the rules and regulations contained within including tuition and cancellation policies.

_____ I agree to comply with the procedures regarding programs hours. I understand that I need to bring and pick up my child promptly from class, and that a \$1/minute late pick-up fee will be assessed for any pick-ups after the class ending time.

_____ I give permission for my child to walk to nearby possible field trips.

_____ I give permission for the City of Louisville to photograph and/or videotape my child during class. I understand that there is no compensation paid by the City of Louisville or any other party to my child, myself and/or any person on behalf of my child with the respect of the usage of my child's images. I understand that the photographs may be used as promotional materials including, but not limited to advertising purposes.

_____ I give permission for my child to watch videos which are related to the curriculum theme. Video and computer time is always related to learning and used as another method for extending the learning.

_____ I agree to notify the teachers in writing of any **on-going** changes in my child's schedule, including tardiness or absence.

_____ I will apply sunscreen before class. I give permission for staff to re-apply sunscreen if deemed necessary- Rocky Mountain Sunscreen. Special instructions: _____

_____ I understand that children will not be released to individuals under the influence of drugs or alcohol.

By registering for Stepping Stones or Building Blocks, Parent, Legal Guardian, Participant recognizes and acknowledges that there are certain risks of physical injury and agrees to assume full risk of any injuries, property damage or loss which participant may sustain as a result of participating in any and all activities connected with or associated with the program. The Parent, Legal Guardian, Participant hereby voluntarily releases, waives, discharges and agrees not to sue the City of Louisville and its employees, other participants, coaches, instructors, officials, sponsors, advertisers, owners, and leasees of the premises used to conduct the event, and their officers, directors, agents and employees (all for the purposes hereinafter collectively referred to as "Releasees") from all liability to the undersigned, his or her personal representatives, assigns, heirs and next of kin for any and all claims, demands arising from injury, including but not limited to death or damage to property, caused or alleged to be caused in whole or part by the negligence of the Releasees or otherwise. I authorize and consent to the publication of myself and my child, whether by television, newsprint, written advertisements or otherwise, or any materials contained in my name or picture for participation in any event.

Parent/Guardian Signature _____ Parent/Guardian Initials _____ Date _____

Child's First Name	Child's Last Name	Page 3
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The following information will help us know more about your child and therefore be able to support them in the learning journey.

What do you consider to be some of your child's strengths? _____

What areas would you like to see your child grow in this school year? _____

Did your child meet major milestones on-time (walking, talking)? ____ Yes ____ No
 If no, please list the milestone and when it was hit: _____

What is the main language spoken in the child's home: _____

If it is a language other than English, how much does your child:

Understand English ____ Very Well ____ Average ____ Very Little to None ____ Unknown
 Speak English ____ Very Well ____ Average ____ Very Little to None ____ Unknown

Anything else you would like to share with us?

Thank you for your time and partnership!